

BAYFIELD COUNTY  
SANITARY PERMIT APPLICATION

Zoning District \_\_\_\_\_  
Lakes Class \_\_\_\_\_



<b>I. APPLICATION INFORMATION</b> (Please Print All Information)				Soil Test No:		County Permit No: <b>20-0255</b>				
Property Owner's Name: <b>Michael R. Sr &amp; Rae Ann Smith</b>				County: <b>Bayfield</b>						
Address of Property: <b>55145 Red Oak Drive, Barnes WI</b>				Property Location: <b>SE 1/4 SW 1/4, S 18 T 45 N, R 09 E (or) W</b>						
Property Owner's Mailing Address: <b>3751 S County Rd 11</b>				Township: <b>Barnes</b>		Gov. Lot #: <b>Navajo Add to Potawatomi Lot 7</b>				
City, State <b>South Range WI</b>		Zip Code <b>54874</b>	Phone Number <b>218 391-0061</b>	Lot # <b>7</b>	Block #:	CSM #:	CSM Doc #	Subdivision Name <b>Navajo Add to Potawatomi</b>		
<b>II. TYPE OF BUILDING: (Check One)</b>				Tax ID#: <b>3799</b>						
<input type="checkbox"/> State Owned										
<input type="checkbox"/> Public (Explain the use/purpose _____)										
<input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <b>0</b>										
<b>III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)</b>										
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor										
<input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)										
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____										
<b>IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above</b>										
C) <input checked="" type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards)										
<input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet										
<b>V. ABSORPTION SYSTEM INFORMATION:</b>										
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)				
<b>VI. TANK INFORMATION:</b>										
Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
New Tanks	Existing Tanks									
Septic Tank or Holding Tank										
Lift Pump Tank / Siphon Chamber										
<b>VII. RESPONSIBILITY STATEMENT:</b>										
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.										
Owner's Name(s): (Print) If applying for Section C above <b>Michael R. Sr + Rae Ann Smith</b>					Owner's Signature(s): (No Stamps) <b>Michael R. Sr + Rae Ann Smith</b>					
Plumber's Name: (Print) If applying for Section A or B above				Plumber's Signature: (No Stamps)				MP/MPRSW No:		
Plumber's Address: (Street, City State, Zip Code)				Home Phone:				Business Phone:		
<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>										
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <b>\$150</b>		Date Issued: <b>9-15-20</b>		Issuing Agent's Signature / Date: <b>Mela 1423713</b>				
<input type="checkbox"/> Owner Given Initial	<input type="checkbox"/> Adverse Determination									
<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>										

Plot Plan on reverse side

<input type="checkbox"/> Special Use: (explain) _____	( X )
<input type="checkbox"/> Conditional Use: (explain) _____	( X )
<input type="checkbox"/> Other: (explain) _____	( X )

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Michael R. Sr + Rae Ann Smith**  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date \_\_\_\_\_

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

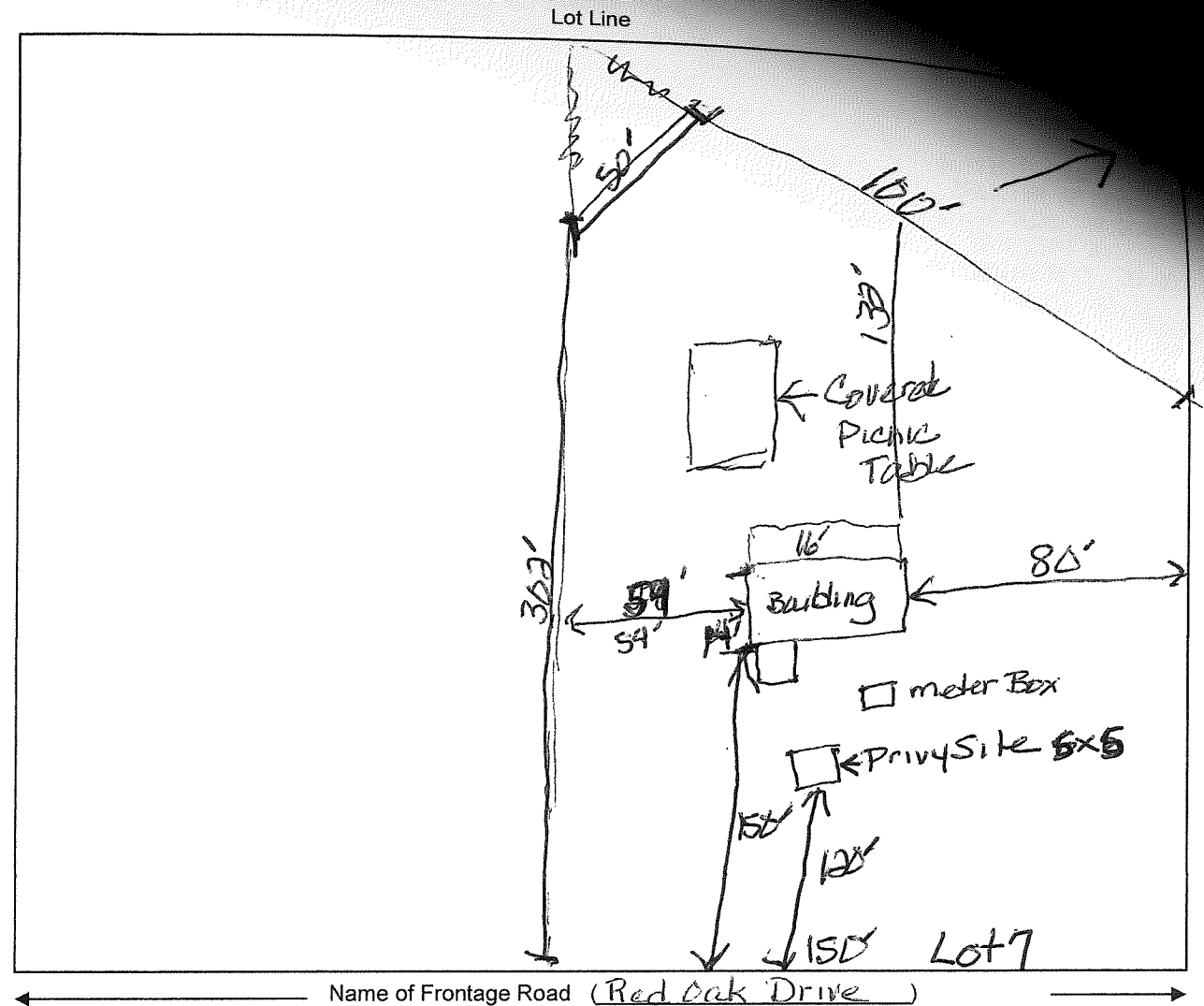
Date \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N). ✓
2. Show the approximate location and size of the building. ✓
3. Show the location of the well, septic tank and drain field. N/A
4. Show the location of any lake, river, stream or pond if applicable. N/A
5. Show the approximate location of other existing structures. ✓
6. Show the approximate location of any wetlands or slopes over 20 percent. N/A
7. Show dimensions in feet on the following:

IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 (a-o) COMPLETELY

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **X**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0255** Issued To: **Michael & Rae Ann Smith**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **17** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **7** Block Subdivision **Navejo Addition to Potowatomi** CSM#

For: **Residential Other: [ 1- Story; Pit Privy ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

## Condition(s):

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**September 15, 2020**

Date

**BAYFIELD COUNTY  
SANITARY PERMIT APPLICATION**



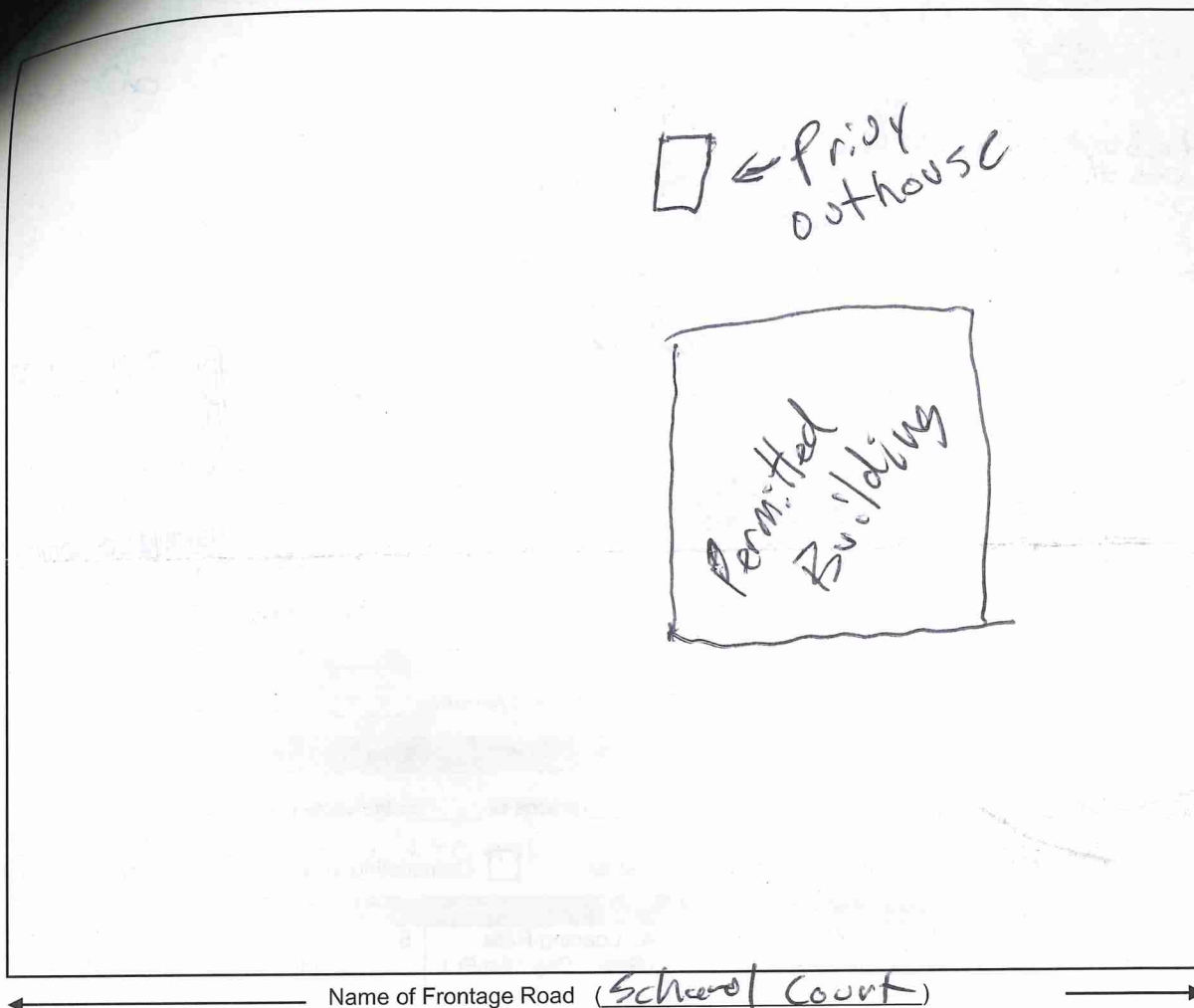
Zoning District _____
Lakes Class _____

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)				Soil Test No:		County Permit No: <b>20-0058</b>	
Property Owner's Name: <b>Stacey Jordheim</b>				County: <b>Bayfield</b>			
Address of Property: <b>1220 Lake Rd. Barnes WI</b>				Property Location: $\frac{1}{4}$ $\frac{1}{4}$ S <b>07</b> T <b>44</b> N, R <b>09</b> E (or) <b>W</b>			
Property Owner's Mailing Address: <b>1243 Norway Pine Circle</b>				Township: <b>Barnes</b>		Gov. Lot #:	
City, State <b>New Richmond WI</b>	Zip Code <b>54017</b>	Phone Number <b>715-556-305</b>	Lot #	Block #	CSM #	CSM Doc #	Subdivision Name
<b>II. TYPE OF BUILDING: (Check One)</b>				Tax ID#: <b>1601</b>			
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____				<div style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em;">         RECEIVED          SEP 10 2020       </div>			
<b>III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)</b>							
A) <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____							
B) <input type="checkbox"/> A Sanitary Permit was previously issued. <b>Previous Permit Number:</b> _____ <b>Date Issued:</b> _____							
<b>IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above</b>							
C) <input checked="" type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet							
<b>V. ABSORPTION SYSTEM INFORMATION:</b>							
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)	
<b>VI. TANK INFORMATION:</b>		Capacity In Gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed
		New Tanks	Existing Tanks				
Septic Tank or Holding Tank		<b>200</b>	<b>200</b>	<b>1</b>	<b>Norwesco</b>		
Lift Pump Tank / Siphon Chamber							
<b>VII. RESPONSIBILITY STATEMENT:</b>							
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.							
<b>Owner's Name(s): (Print) If applying for Section C above</b> <b>Stacey Jordheim</b>					<b>Owner's Signature(s): (No Stamps)</b> 		
<b>Plumber's Name: (Print) If applying for Section A or B) above</b>				<b>Plumber's Signature: (No Stamps)</b>		<b>MP/MPSRW No:</b>	
<b>Plumber's Address: (Street, City State, Zip Code)</b>				<b>Home Phone:</b>		<b>Business Phone:</b>	

Bayfield Co. Zoning Dept.



Lot Line



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

2. Show the approximate location and size of the building.

3. Show the location of the well, septic tank and drain field.

4. Show the location of any lake, river, stream or pond if applicable.

5. Show the approximate location of other existing structures.

6. Show the approximate location of any wetlands or slopes over 20 percent.

7. Show dimensions in feet on the following:

- a. Building to all lot lines
- b. Building to centerline of road
- c. Building to lake, river, stream or pond
- d. Septic / holding tank to closest lot line
- e. Septic/holding tank to building
- f. Septic / holding tank to well
- g. Septic / holding tank to lake, river, stream or pond
- h. Privy to closest lot line

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- l. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond
- o. Well to building

**IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 (a-o) COMPLETELY**

**Submit To:** Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

State or Federal  
e Required

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

Issued To: **Stacey Jordheim**

**SW**  $\frac{1}{4}$  Section **7** Township **44** N. Range **9** W. Town of **Barnes**

Block Subdivision CSM#

- Story; Vaulted Privy (200 Gallon) ]

Extensions or development would require additional permitting.

laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

ar from date of issuance if the authorized construction work or begun.

cations shall not be made without obtaining approval. This ked if any of the application information is found to have been

, or incomplete.

revoked if any performance conditions are not completed

ns are violated.

**Tracy Pooler**

Authorized Issuing Official

**September 16, 2020**

Date

**Town, City, Village, State or Federal  
Permits May Also Be Required**

LAND USE - X  
SANITARY - 09-37S  
SIGN -  
SPECIAL - NA  
CONDITIONAL - NA  
BOA -

**BAYFIELD COUNTY  
PERMIT**



**WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION**

No: 09012004-2020

Tax ID: 1179

Issued To: MICHAEL D & DONNA M BACKUS

Location: LOT 3 CSM #253 V.3 P.32  
(LOCATED IN NE SW) IN V.873 P.917  
337D IM 2003R-486421

Section 01

Township 44 N.

Range 09 W.

BARNES

Govt Lot 0

Lot

Block

Subdivision:

CSM# 253

For. Residential / Detached Garage / 24L x 16W x 8H

Condition(s): Not to be used for human habitation or sleeping purposes. No water under pressure or plumbing fixtures unless said structure is permitted to be connected to a code compliant POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**Mon Sep 14 2020**

Date